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SERIAL NUMBER 10/099,634	FILING OR 371(c) DATE 03/15/2002 RULE	CLASS 600	GROUP ART UNIT 3779	ATTORNEY DOCKET NO. H-PM-00020 (1800- 20) [114]
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/887,789 06/22/2001 PAT 7,032,798
 which is a CIP of 09/836,781 04/17/2001 PAT 6,981,941
 which is a CIP of 09/723,715 11/28/2000 PAT 6,793,652
 which is a CIP of 09/324,451 06/02/1999 PAT 6,315,184
 and is a CIP of 09/324,452 06/02/1999 PAT 6,443,973
 and is a CIP of 09/351,534 07/12/1999 PAT 6,264,087
 and is a CIP of 09/510,923 02/22/2000 PAT 6,517,565
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973
 and is a CIP of 09/510,927 02/22/2000 PAT 6,716,233
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973
 and is a CIP of 09/510,932 02/22/2000 PAT 6,491,201

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 59	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

91478

TITLE

A MOISTURE-DETECTING SHAFT FOR USE WITH AN ELECTRO-MECHANICAL SURGICAL DEVICE

FILING FEE RECEIVED 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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